

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003899

FILED
Jan 03, 2008
Secretary of State

Entity Name: NEIGHBORHOOD STABILIZATION FUND, INC.

Current Principal Place of Business:

3607 WASHINGTON STREET
JAMAICA PLAIN, MA 02130

New Principal Place of Business:

Current Mailing Address:

3607 WASHINGTON STREET
JAMAICA PLAIN, MA 02130

New Mailing Address:

FEI Number: 04-3249517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKS, BRUCE
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: TD () Delete
Name: PRUSSMAN, MARY
Address: 320 LOWER COUNTY ROAD
City-St-Zip: DENNISPORT, MA 02639

Title: CD () Delete
Name: AMAO, CARMEN
Address: 5508 RED BONE LN.
City-St-Zip: ORLANDO, FL 32810

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PRUSSMAN, MARY
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: D (X) Change () Addition
Name: AMAO, CARMEN
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: D () Change (X) Addition
Name: KELLEHER, RICHARD
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: S () Change (X) Addition
Name: LANDRAU-PIRAZZI, MARISSA
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MARKS

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date